ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

Art. XXIII.—*Saint Bartholomew's Hospital Reports.* Edited by Dr. Andrew and Mr. Callender. Vol. V., 8vo. pp. xxiv., 287. London: Longmans, Green & Co., 1869.

On the principle of being twice indebted to the giver who is prompt in his benefactions, we ought to feel doubly obliged to the staff of St. Bartholomew's Hospital for the commendable and, we may add, customary punctuality with which their annual volume of reports is issued. The series has now completed its first *lustre*, and, we are glad to say, shows no indication of decrepitude or premature senescence, but appears as full of vigour and of future promise as at its beginning. The present volume (which we consider on the whole superior to its last year's predecessor) contains twenty scientific communications, and is adorned with six excellent lithographic plates. As has been lately our custom in dealing with the various hospital reports, we shall now proceed to notice its contents, grouping together those papers which seem of special *surgical* interest, and those again which more directly refer to practical *medicine.*

We shall first invite our readers' attention to Article I., "*The Anatomy of Brain Shocks—Part II.,*" by George W. Callender. The first portion of Mr. Callender's paper appeared in Volume III. of the Reports, and was noticed in the number of this Journal for July, 1868, p. 225. It contained 48 cases, to which are now added 51 more, making a total of 99. As lovers of medical statistics, we cannot help wishing that there was one more; it would have so much facilitated the calculation of percentages. The cases themselves are well told, but we cannot linger over them, and must be contented with pointing out a few of the more important deductions derived from their study. With regard to *apoplexy*, it appears that those cases which terminate suddenly or very quickly are almost invariably cases of *intra-ventricular* bleeding; extravasation on the surface or even into the substance of the brain is more slow in its action, and the sudden death which sometimes eventually occurs in these cases, after brain symptoms have existed for several hours or days, is really due to secondary ventricular involvement. This fact is justly compared with the well-known phenomena of death from cerebral abscess, which may exist for months or even years, producing great destruction of substance without any very marked symptoms, until finally bursting into the ventricles, this secondary condition brings about a rapidly fatal issue. Bleeding into the *pons* is rather quickly fatal; bleeding into the substance of either hemisphere on the *outer* side of the optic thalamus or corpus striatum causes death more rapidly than bleeding into other parts; and apoplexy of the *right* cerebral hemisphere is more rapidly fatal than when the left side is affected.

As to the condition of the pupils, "no very certain results are obtained, although it may be noticed that in certain cases an absolutely dilated and fixed pupil is connected with disease or injury about the course of the cerebral bloodvessels, whilst a contracted and fixed pupil is often met with when blood is poured out into, or when the disease is present in, the tissue of the brain. . . . So far as my observations of surgical injuries to the brain have gone, no reliance can be placed upon the condition of the pupils as symptomatic of brain hurts, except perhaps in their slow action, or in absence of their action, when light is allowed to fall upon the eyes." The dilatation and fixation of the pupils or their slow response to light, appears to coexist with cerebral compression: free mobility, rather with laceration. *Loss of sight* usually depends on involvement of the optic nerves or tracks: in only one case was it connected with disease of the brain substance, and in this instance "the entire right optic thalamus and a large part of the middle of the right lobe of the cerebellum were reduced to a soft and red-coloured pulp."

"Pain was present when very various parts of the brain tissue were involved, but in every case, when present, it happened that the outer gray matter had been implicated."

With regard to *aphasia*, Mr. Callender remarks upon "the general agreement of these cases with the propositions—that with loss of speech (a) the anterior cerebral lobes, or the parts about the corpus striatum or the motor track, are diseased or injured; (b) that such disease or injury involves the left side; (c) that whilst the parts about the corpus striatum are found to be diseased, it is not evident that the disease or injury is limited in these cases to the third frontal convolution (so-called.)" A curious fact in connection with this subject was that the aphasic condition sometimes disappeared during the existence of delirium.

Convulsions seem to be particularly associated with disease about the track or distribution of great vessels, especially of the middle cerebral arteries, and with the shock of a hemorrhage, and are particularly connected with *left* hemiplegia, and with disease of the right hemisphere external to the optic thalamus and corpus striatum.

This, which is the concluding portion of Mr. Callender's paper, contains five illustrative diagrams, and fully justifies the expectations raised by the first part, the whole forming, as we expressed the belief that it would, "a most valuable contribution to our knowledge of the *anatomy of brain-shocks*."

The second article in the present volume is by WILLIAM S. SAVORY, F. R. S., and is called "*Notes, with Cases, on some of the immediate and remote Effects of Injuries to the Spinal Cord.*" Mr. Savory seems not to be aware that anything has been either written or said concerning spinal injuries since the well-known paper by Sir Benjamin Brodie in the *Medico-Chirurgical Transactions* for 1836 (vol. xx.); hence his remarks will not, we fear, come to some of his readers with the same refreshing charm of novelty which they evidently possess for himself. Still his conclusions have been evidently worked out independently, from his own observations, and have the value therefore which independent confirmatory testimony always possesses. The cases which he narrates are moreover quite interesting in themselves, and, we need scarcely add, are well narrated and clearly analyzed and discussed. A curious fact noted in one case was that when reflex muscular contraction could no longer be evoked in the lower extremities by peripheral irritation, it could still be excited by the combined influence of such irritation with a voluntary effort. The whole paper occupies 28 pages, and a good many of these are devoted to "*spinal concussion.*"

Upon this vexed subject, we cannot see that Mr. Savory has shed any new light: he very properly rejects the statements of the older writers as to the non-existence of spinal lesions in fatal cases of this kind, and says, "even assuming a case of the kind to occur where the minutest microscopic scrutiny by a most skilful observer failed to detect any change, still nothing, I believe, in what is yet understood of the relation of force to matter supports the conception that the function of a nerve centre can be thus struck out, the integrity of its structures being nevertheless unaffected;" and yet shortly afterwards, referring to cerebral concussion, he admits the possibility of "annihilation of function" unassociated "with any actual lesion in the ordinary acceptation of the term," and asks, "If the centres of consciousness may be thus paralyzed, why not the centres of respiration?" For our own part, we utterly disbelieve in any *concussion* of either brain or spinal cord, in which there is no physical lesion; there may indeed be a *mental* condition, or a *general physical condition* (*shock*), either of which or both of which may and often do coexist with injuries of the central nervous system, but neither of which is in any degree essentially connected with the condition habitually and conveniently designated as concussion. Those states of mind or of body may or may not be associated with physical lesion, but to decide that point would be foreign to the present question. But that either cerebral or spinal concussion can exist without lesion—temporary and evanescent, perhaps, but still a lesion—we do not believe. This lesion need not be either extravasation or laceration; it may be congestion or determination, as evanescent as a blush, or it may be a more or less temporary arrest of cell-action; but to assume that because it is sometimes quickly recovered from, or cannot be definitely recognized after death, it does not exist, seems to us an assumption not only utterly unsupported by well observed facts, but quite at variance with what is actually known, and with all the tendencies of modern pathology.

Art. III., *On Residual Abscesses*, by James Paget, F. R. S., strikes us as both practical and interesting. "Under the name 'residual abscesses,'" says Mr. Paget, "I would include all abscesses formed in or about the residues of former inflammations. Most of them are formed where pus, produced long previously, has been wholly or in part retained and become dry, or in some form 'obsolete.' But some of them, it is probable, are formed in the thickenings, adhesions, or other lowly-organized products of inflammation long past." These residual abscesses are chiefly met with in connection with disease of the spine or of the various joints, with necrosis of the interior of the long bones, and with old inflammations of the lymphatic glands. They are to be treated as any other abscesses, except that, as their disappearance without discharge is very rare, their suppuration should rather be promoted than retarded. "Many of the cases I have related are instances of the very long time during which a part once damaged by inflammation may remain unsound; and the disappointment felt on the occurrence of a residual abscess may, to some, seem to cast discredit on the practice of permitting or aiding the absorption or drying-up of chronic abscesses connected with diseases of spine or joint. But the discredit is not just; for many patients in whom such abscesses have disappeared have never suffered after-consequences; and, so far as I have yet seen, the healing of discharged residual abscesses is quicker, and attended with much less disturbance than the healing of first abscesses of the same size and in similar situations."

Art. IV., *Two Cases of Complete Dislocation of the Knee forwards, with Rupture of the Popliteal Vessels, requiring Amputation*, by George Lowe. The subject of this paper is sufficiently expressed in its title. With the following conclusion of the writer we fully agree: "In every case of dislocation of the knee, in which the circulation through the large vessels is arrested, and is not restored on reduction being effected, and when, after reaction is fairly established, the temperature of the limb below the injury is less than the natural standard, and there is a swollen condition of the leg, with a dusky leaden hue, amputation should not be delayed." We would even go further, and say that in any case of dislocation of the knee, complicated with rupture of the popliteal vessels, removal of the limb should at once be practised as a primary measure. Had operative interference not been delayed in Mr. Lowe's cases until gangrene was imminent or (as in the first case) actually present, his patients might have got off with amputation immediately above the knee, instead of in the upper third of the thigh. The successful issue of these two cases should not be looked upon as establishing a precedent for delay, which must render the operation, when finally performed, of much graver prognosis than if it had been resorted to at an earlier period of the case.

Art. VI., by Alfred Coleman, describes *A Convenient Apparatus for the Administration of Chloroform.* This apparatus essentially consists of a graduated glass bottle with a perforated stopper, through which the chloroform escapes drop by drop upon a sponge fixed in a metal tube, open at one end, and by the other communicating with a hollow sphere, which is fitted with two wire gauze diaphragms and an ordinary Snow's face-piece. The patient thus inhales air mixed with a proportion of chloroform never, according to Mr. Coleman, more than 3 to 3.5 per cent. We confess that this apparatus seems to us less adapted to insure safety than Mr. Clover's, while it is not a great deal less inconvenient. Perhaps, when chloroform has to be used at all, the method usually adopted in this country, with a simple handkerchief, is as satisfactory as either.

Art. X., *A Case of Syphilitic Laryngitis, in which Tracheotomy was successfully performed*, by H. LLOYD WILLIAMS, presents no features of special novelty or interest. The form of tube used was that devised by Mr. Durham, which answered in this case a better purpose than the ordinary instrument.

Art. XI., *Rachitis*, by HOLMES COOTE, is a paper of considerable interest. After describing the three acts upon which the physiological growth of bone depends, Mr. Coote points out, following Volkmann, the disturbing influence which rickets exercises upon each: "The cell growth" [from the periosteum] "which precedes ossification goes on rapidly, while the deposit of earthy matter is insufficient, or ceases entirely. Irregular and often large spaces are formed in the medullary structure. The epiphyseal cartilage becomes swollen and enlarged, and forms those peculiar elevations which have induced people to speak of 'double joints' in connection with this disease. Swellings are also seen in the ribs at their junction with the cartilage." A peculiarity of rickety bones is seen in "the extension of the medullary spaces beyond the line of ossification into the cartilage itself, so that irregular outgrowths of red colour are seen protruding into the blue cartilage." With regard to the treatment of rickets, Mr. Coote lays great stress upon the importance of change of air, especially recommending a seaside residence, and of suitable food and clothing. He objects to the use of tonics, including cod-liver oil, during the acute stages of the disease; thus radically differing from his colleague Dr. Gee, who, it will be remembered, in the last volume of the *Reports*, spoke of cod-liver oil as "a pharmaceutical agent worthy of a place beside iron, Peruvian bark, and mercury," and declared that no time should be wasted over symptoms, but the oil administered from the first, and continuously. Mr. Coote advises the use of movable couches, and, with some restrictions, that of splints or other supporting apparatus. Where the deformity persists in after life he has seen advantage from the sub-periosteal removal of a wedge-shaped piece of bone.

Art. XII., *Lithotomy Cases from Private Practice in the Bala Lake District*, by OWEN RICHARDS, M. D., Aberd. Dr. Richards narrates ten cases, in nine of which the ordinary lateral operation was performed, the tenth being in a woman; three of his patients died, though only one from the results of the operation, the others dying, one from phthisis, and one from bronchitis. The ages of Dr. Richards's patients ranged from 46 to 68 years, and he mentions the curious fact, that during twenty-four years' continuous residence in Bala he has never once been consulted by a person under twenty suffering from symptoms of stone. Dr. Richards prefers to hold the staff in his own left hand while incising the prostate, instead of following the ordinary plan, which intrusts the whole management of the staff to an assistant.

Art. XIII., *Nævoid Elephantiasis*, by THOMAS SMITH, is one of the most interesting papers in the whole volume. This very curious affection, which has been named and described by Prof. Fayrer, seems to consist in the ordinary form of elephantiasis, or Barbadoes leg, *plus* a nævoid condition of the skin and subjacent tissues. Mr. Smith has seen two such cases, the best marked of which forms the text of the present paper. It occurred in a child of nine months, having existed at the time of birth, when it greatly impeded delivery; but since the age of seven months had very much increased. The whole of the right[1] lower limb and buttock were hypertrophied, the leg and foot being in a condition undistinguishable from that seen in elephantiasis Arabum, while the thigh, though proportionately less enlarged and softer, was extensively stained on its outer side, with a dusky red cutaneous nævus. The limb was sensibly warmer than its fellow, from three to four times its circumference, and three inches longer, the lengthening being due to hypertrophy of the integuments over the heel and plantar surface. The swelling diminished somewhat under firm bandaging, but the child soon after died without any very obvious cause. A very good description of the affected part, which was removed and carefully dissected, is added, and illustrated with three excellent lithographic plates. Mr. Smith refers to several cases lately published of *elephantiasis* accompanied with *lymphorrhœa.* Our readers will find such a case, reported by Dr. J. C. Morris, in the Transactions of the Philadelphia College of Physicians, in the number of this Journal for April, 1869, p. 392, and may refer with interest, in connection with the subject of elephantiasis in general, to a discussion and elaborate report by Drs. W. Pepper and Andrews in the Proceedings of the Pathological Society, in our number for October of the same year, pp. 424-428.

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[1] Incorrectly given in the text as the *left* limb: the plates and subsequent descriptions show that the *right* was the limb affected.

"It is thus not unlikely," adds Mr. Smith, "that under the term Elephantiasis Arabum, three diseases, quite distinct in their origin, though identical in their results, have been often included, namely, what we may term lymphatic elephantiasis, vascular or nævoid elephantiasis, and the ordinary elephantiasis Arabum of climatic origin. These diseases, though arising from different causes, have this in common, that as a consequence, the elements of nutrition (whether contained in blood, chyle, or lymph) are in excess in the part affected, and that as a natural result the overfed tissues become overgrown, the overgrowth being specially manifest in those tissues that are more lowly organized, and are perhaps less discriminative in the materials they select for their nutrition."

The question of tying the common iliac artery had been discussed before the death of the patient, and Mr. Smith therefore, as an experiment, tried to apply a ligature upon the corpse, but found so free a flow of blood from the spongy venous tissue in the lumbar region, as to render it very doubtful whether the operation would have been practicable during life.

Art. XIV., *Protoxide of Nitrogen as an Anæsthetic*, by ALFRED COLEMAN. Mr. Coleman evidently believes that the coming man will use nitrous oxide more freely than the present one; after some reflections (which we cannot but think uncalled for) upon those who have written against this anæsthetic agent, Mr. Coleman proceeds to describe the improvements which have recently been introduced in the mode of its preparation and administration. The first of these is the facility now offered for procuring the gas in a condensed form—fifteen gallons being compressed into five pints; the second, the adaptation of a lime box so that the gas can be purified from carbonic acid and thus breathed over and over again; and the third, certain modifications in the apparatus itself, proposed by Mr. Clover. Mr. Coleman thinks the protoxide of nitrogen as now used the safest agent where prolonged anæsthesia is not required, and believes that if it should at any time produce unfortunate results, it will be from rupture of diseased vessels in the brain. Mr. Coleman believes that nitrous oxide gas is not decomposed in either the lungs or the blood, and in support of this position gives several analyses of the expired gas.

Art. XVIII., *Intra-Ocular Growths in Children*, by BOWATER J. VERNON, is of pathological as well as surgical interest. The older writers habitually described these growths as of a cancerous nature, but "cancer," says Mr. Vernon, "in the modern acceptation of the phrase, is almost unknown as occurring within the eyeball."

"The tumours which appear in the retina may be said to be of two kinds, or at least appear as two varieties of one kind, according as they are soft or firm in texture, consisting simply of small cells of uniform size and shape, or approaching the sarcomatous tumours in the variety of their cell formation, and the greater or less amount of the fibrous stroma which they contain. Virchow has called these tumours gliomas and gliosarcomas, and considers them as analogous to certain cerebral tumours which he describes as taking their origin in the neuroglia or delicate connective tissue which exists throughout all large nerve-centres and nerve-trunks." These tumours occur in very young children, sometimes even in fœtal life, are more frequent in males than in females, occasionally appear simultaneously in both eyes, and may occur in several members of the same family. They make their appearance in the outer layers of the retina, and as they grow cause increased ocular tension, this being to some extent a diagnostic sign, as retinal detachment from effusion is almost always accompanied by diminished tension. When the disease spreads backwards along the track of the optic nerve, death is sometimes very rapid from extension of the morbid condition within the head. The only treatment to be recommended consists in complete and early extirpation, though even that will not always prevent the further spread of the disease.

Art. XX., and the last in the volume, gives a *Comparison of the Death Rates after Amputations in Country Private Practice, in Hospital Practice, and on Country Patients in a Town Hospital*, by GEORGE W. CALLENDER. This is an elaborate and we think valuable statistical contribution upon the much vexed question of "*Hospitalism*," which is just now violently agitating our professional brethren in England and Scotland. Mr. Callender attempts to, and, we think, fully succeeds in showing the unfairness and utter worthlessness of the statistics upon this point, published by Sir James Y. Simpson in the *Edinburgh Medical Journal*, an exposition which does not at all surprise us, as we have ourselves had occasion to comment upon the learned Baronet's loose way of using figures in the matter of the Acupressure Controversy (see No. of this Journal for July, 1867, p. 235). Still Mr. Callender's own statistics are not entirely satisfactory, though probably as much so as any that are likely to be obtained: thus, with regard to the *country* patients treated in *town* hospitals, Mr. Callender says that many of them were "sent up from the country on account of the remarkable severity or obscurity of their ailments," to which of course his antagonists might reply, that it is more probable on the contrary that they were selected cases, as such only could bear the expense and fatigue of transportation to the metropolis. The inference which Mr. Callender draws from his investigations we believe to be a very true one, viz., that the results of amputations depend more upon the condition of the patients than upon the place where the operations are done; still we cannot help thinking that his opponents have a germ of truth on their side also, and that large hospitals though indispensable even for the treatment of surgical cases, are yet susceptible of improvement in hygienic conditions.

The usual reports of the registrars are not included in this volume, an omission which we join the editors in thinking a matter of regret; it is proposed, however, in the next volume to publish notices of the hospital practice on a different plan. We do not know whether our regularly recurring annual complaints have had any effect in bringing it about, but we are glad to be able to say that the present volume contains not only an index to its own contents, but likewise indexes, separately paged, for each of the preceding volumes. These indexes are not so full as we could wish, but, such as they are, are of very considerable value. J. A., JR.

We shall now proceed to notice the articles treating on subjects of practical medicine. The first of these, the initial paper in the volume, is a short obituary notice of Dr. EDWARDS, one of the physicians of the hospital, and favourably known as the author of the series of *Statistical Reports*, which, under his direction as Medical Registrar, were published from year to year, and which gave evidence of the industry with which he discharged a methodical and somewhat monotonous duty.

Art. V. *Contributions to the Pathology of Chorea*, by HENRY M. TUCKWELL, M.D., Oxon. Dr. T., who is a supporter of Dr. Kirkes' views in regard to the frequent dependence of chorea upon embolism of the cerebral arteries, finds them entirely confirmed by the history and results of the autopsy of the case of fatal chorea, which he reports.

The following extracts are taken from notes made at the autopsy: "The brain was well developed and presented nothing abnormal in its coverings or surface. The upper half of each cerebral hemisphere was carefully sliced down to a level with the corpus callosum, and the lateral ventricles were opened without any trace of softening being detected in either the gray or white matter of this part. The corpus callosum and fornix were firm and healthy. No excess of fluid in the lateral ventricles. The brain was now turned over, and the cerebral arteries were carefully followed up by dissection to their smaller branches, without any evidence of obstruction in any part of their course. But on tracing out the posterior cerebral artery, and thereby displacing the middle cerebral lobe, it became manifest that the under part of this lobe on the right side was in a state of softening. This softening was not excessive, but easily recognizable; it had not, apparently, affected the very surface of the convolutions, but involved the deeper layers of the cortex, and more especially the subjacent white substance, extending upwards into the neighbourhood of the corpus striatum and optic thalamus, which ganglia lay, as it were, imbedded in a nest of softened cerebral matter. The softened tissue was redder than the surrounding healthy white substance, this red tinge being especially pronounced in the deepest layer of the cortex. The corpus striatum was, seemingly, not itself affected. The optic thalamus was encroached on at its under and outer aspect by the disease, but was in the main firm and apparently natural. . . . . A microscopical examination of the fresh brain-tissue showed that in those parts, which to the naked eye appeared soft, many of the small bloodvessels were dotted along their walls with minute granules scattered and in clusters. In the firm, healthy looking brain-tissue no such appearance could be detected. . . . . The mitral valve, looked at from its ventricular aspect, seemed perfectly competent, and presented no unusual appearance; but examined from its auricular aspect, by opening out the left auricle, it was altered as follows: A line of numerous, bright, clustering, warty vegetations, some as large as a pin's head, others so minute as to be only just visible to the naked eye, and that in a certain light, but shining like little white beads when slightly magnified, extended in a sinuous course all along the free margin of each cusp. In two or three places these little growths appeared to have been shed off, for they hung only by a fine pedicle to the line of attachment, and clung close to the chordæ tendineæ."

Embolic patches were, moreover, found in the kidneys.

The condition of the heart above described also existed in the case reported by the author in the *British and Foreign Medico-Chirurgical Review* for October, 1867, and he believes that it is one of the most frequent lesions in this disease. Dr. Hughlings-Jackson and Dr. Broadbent have both adopted the theory of the embolic origin of chorea, and have located the exact seat of the disease; the former in the nerve tissue forming the convolutions near the corpus striatum; the latter in the sensori-motor ganglia themselves, and both hold that the chorea arises from the irritability or disordered nutrition of these parts, which results from the shutting off of their due supply of blood, and as a similar condition of the cerebral hemispheres will produce delirium, so chorea may be regarded as a delirium of the sensori-motor ganglia. If the disturbance of nutrition be carried still further, it results in paralysis, and it will be remembered that paralysis frequently alternates with choreic convulsions. Dr. Broadbent, while he insists upon embolism as the usual cause, says, that as the sensori-motor ganglia are the seat of the disease, anything which produces disturbance in their nutrition will give rise to it, and it may therefore occasionally depend upon peripheral irritation, producing disordered nutrition of this part of the brain.

Dr. Tuckwell, in corroboration of his opinion that the condition of the valves found in the case which he reports, is a frequent one in chorea, refers to a paper by Dr. Ogle, an analysis of which will be found in another part of this number, and which contains the histories of sixteen fatal cases, in ten of which fibrinous concretions were found on the valves, and in eight of these ten on their auricular surface. Dr. Broadbent meets Dr. Ogle's objection that in cases of "acknowledged capillary embolism, chorea has not been present, but rather the symptoms and post-mortem appearances of pyæmia and gangrene," with the reply that the condition of the heart which gives rise to the symptoms of pyæmia, is not that found in the choreic heart. "In the former we see a process of disintegration and breaking down of the valves going on, so that the degenerate débris, which passes into the circulation, acts evidently on the blood like the putrid fluids from a surgical wound, and death follows rapidly from pyæmia. In these cases are found, here and there—it may be in one organ only, as the kidney or spleen—emboli of various sizes, while the general appearance of the internal organs is just that which is met with in blood-poisoning. But how different is the choreic heart. Here there is no process of disintegration in the valves, but a collection of fresh vegetations which can do no more than act mechanically or as irritants."

Dr. Barnes is another opponent of the embolic origin of chorea, and asks the question: "Do you make a distinction between fatal and non-fatal cases? If you don't, you must allow that embolism is a very frequent and benign affection, which in the great majority of instances recovers." This Dr. Tuckwell answers by saying that many of the cases which get well may be of reflex origin, and that he sees nothing improbable in the recovery of cases from embolism, inasmuch as cases of hemiplegia from embolism may and do recover. Dr. Tuckwell also holds that rheumatism is generally the cause of the condition of the valves which gives rise to chorea, and that this is especially true of children, and says that the reason that the pre-existence of rheumatism is not more clearly made out, is simply that, in many cases, rheumatism occurring in children presents certain anomalies which prevent its recognition. Thus there is in young persons an absence of great pain in or swelling of the joint, and of the profuse sweating which characterizes the disease in adults. Chorea, moreover, occurs most frequently in those who are most exposed to the causes of rheumatism, namely, the poor, while it is comparatively rare among those who are in comfortable circumstances.

The above is an analysis of this very able and instructive paper, and we place it as we did Dr. Ogle's without comment before our readers, merely remarking that in our experience, the condition of the heart which most frequently gives rise to embolism, is not that which at the same time produces pyæmia. A coloured plate accompanies this paper.

Art. VII. *Cirrhotic Enlargement of the Liver*, by SAMUEL J. GEE, M.D. The patient in this case, a man of intemperate habits, presented evidences of an enlarged liver, which extended from the crest of the ilium to the fourth rib. The lower edge of the organ was felt with difficulty, as the man was unusually fat, but irregularities could be distinguished on its surface. The great increase of size excluded the diagnosis of a fatty liver, the general condition of the patient, the idea of cancer; and against lardaceous disease, there was the depth of the jaundice, the irregularities of the surface of the organ, and the absence of lardaceous disease elsewhere. Every other diagnosis but enlargement from progressive increase in the connective tissue of the organ, not going on to contraction, seemed to be excluded. At the autopsy the liver was found to weigh 100½ ounces, not to be very dense, somewhat flabby, and having an uneven surface. The lobules were separated by a whitish, more translucent tissue than the normal tissue of the liver, everywhere distinct and abundant; no doubt connective tissue between the lobules. It is not stated positively whether the microscope confirmed the diagnosis or not; the fact being only mentioned that under the microscope the hepatic lobules consisted of very fatty epithelium and fatty molecular detritus. The weight of the organ, 100½ ounces, is small when we take into consideration the fact that it was said to have occupied a very large part of the abdominal cavity.

Appended is a short account of a similar case, in which the liver weighed 104 ounces. Dr. Gee does not think that had the lives of these patients been prolonged, their livers would ever have undergone such a degree of contraction as is usual in cirrhosis in the ordinary acceptation of the term.

Art. VIII. *The Hospital Midwifery Statistics.* From January 1, 1862, to December 31, 1868, prepared by CLEMENT GODSON. The tables contained in this paper are of interest. The following is an analysis of them: Of 5734 deliveries there were 49 cases of twins; 1 in 117.02, or 0.855 per cent. Of the 5783 children born, 3065 were males, that is 53 per cent.; 2718 were females, that is 47 per cent., so that the excess of males over females was 6 per cent.; 5502, or 95.95 per cent., were head presentations; 13, or 0.24 per cent., were face presentations; 64, or 1.12 per cent., were breech presentations; 35, or 0.61 per cent., were presentations of some part of the lower extremities; 5504, or 95.17 per cent., were born living. Twenty-one women, or 0.37 per cent., died either within a month of delivery or from the effects of labour. The forceps were employed 128 times. Craniotomy was performed four times, and in every instance the mother recovered.

Art. IX. *Acute Pemphigus*, by Samuel J. Gee, M. D., London. This is the report of a case of the so-called acute pemphigus, the existence of which is alternately denied and affirmed by authorities of equal respectability in dermatology. The patient was a girl, 4 years of age, who, up to the time of the appearance of a rash resembling measles, had been quite well. Three days later all the red spots were covered with watery blebs. Seven days after this she was admitted into Dr. West's ward at the hospital. The thermometer, being placed in the axilla, indicated a temperature of 103° F. The temperature continued high through the greater part of the attack. The following is the description of the eruption, from Dr. Gee's notes, taken at the time of her admission: "The blebs are perfectly similar to those caused by cantharides, the first appearance is very much like measles, but less port-wine coloured, rather brighter red; papulæ feel rather rougher than those of measles. The large patches are made up of aggregated papulæ. Upon these papulæ appear minute vesicles, so that the redness at first is in great excess of the vesication, the appearance is not unlike a patch of herpes; each vesicle enlarges until it is of the size of the papula; *the blebs are made up of the confluence of numerous vesicles upon the same patch.*" The disease seems to have run its course in about seven weeks.

As Dr. Gee himself intimates, this will not universally be regarded as a case of acute pemphigus, and the formation of blebs from the confluence of several vesicles, as stated in that part of the description we have italicized, is nowhere mentioned as the usual manner of appearance of the eruption in pemphigus.

Art. XV. *Contribution to Cerebral Pathology*, by W. S. Church, M. D. Oxon. The cases recorded in this paper are a continuation of those published in the preceding volume of the Hospital Reports. In the histories and results of the autopsies of the first five cases, Dr. Church finds a confirmation of the opinion he expressed last year, that there was no good reason for separating the form of disease characterized by the presence of small granulations on serous membranes, and similar granulations in the lungs from tuberculosis. The disease termed "la granulie," by Prof. Empis, is not distinct from and coincident with tuberculosis, but is one of the many forms of deviations from the normal condition met with in the tissues of tuberculous subjects. The cases may be classed under the following heads: Tubercular meningitis, 5; infantile convulsions, 2; congestion of the brain, 1; atrophy and induration of brain, 3; acute meningitis, 2; softening of the spinal cord, 2: softening of brain, 2; Embolism, 2; apoplexy, 5; aneurism of cerebral arteries, 2; tumour of the brain, 1; carcinoma of dura mater, 1. One of the cases of intracranial aneurism is especially interesting from the fact that the age of the subject, 13 years, is the youngest yet recorded in this disease.

A table of 12 cases of intracranial aneurism, occurring in persons 20 years of age or under, accompanies this paper. All the cases except the one above alluded to have been previously tabulated, and the table by no means contains all the reported cases of aneurism of the cerebral arteries which have occurred at these ages. In six of the twelve cases there is good reason to believe that the aneurisms were due to emboli plugging the arteries, and thus causing a sudden stress upon the walls of the vessels, behind the seat of obstruction, which might occasion rupture of one of its coats, or the presence of the occluding clot might lead to changes in the nutrition of the arterial wall, which would be followed by subsequent yielding before the blood stream.

Art. XVI. *Note upon Apomorphia and Chlorocodide*, by Samuel J. Gee, M. D., Lond. Apomorphia is a new base obtained by Dr. Matthiessen, and is possessed of very powerful emetic properties, in doses of $\frac{1}{4}$ grain, by the mouth, and $\frac{1}{10}$ grain subcutaneously. It, moreover, acts very speedily, but unfortunately in many instances depresses the patient, not, however, by causing gastro-intestinal irritation or inflammation. The high price of the article makes it unlikely that it will be ever much used as a remedy. Apomorphia is derived from codeia, and in the process an intermediate body, chlorocodide, is formed. The relationship between these bodies will be understood from their formulæ :—

Apomorphia, . . . $C_{17}H_{16}NO_2H = C_{17}H_{17}NO_2$.
Morphia, ... $C_{17}H_{16}NO_2HH(HO) = C_{17}H_{19}NO_3$.
Codeia, ... $C_{17}H_{16}NO_2CH_3H(HO) = C_{18}H_{21}NO_3$.
Chlorocodide, . . . $C_{17}H_{16}NO_2HC_3H(Cl) = C_{18}H_{20}ClNO_2$.

Experiments with chlorocodide show that it is possessed of properties resembling those of codeia. Thus a watery solution was injected subcutaneously into a cat. Salivation and dilatation of the pupils was produced in less than ten minutes. A somewhat larger dose produced extreme restlessness, and when nine and a half grains had been injected, the animal passed rapidly into a tetanic condition, which lasted for about three-quarters of an hour, when death supervened from convulsions. The only property of chlorocodide which holds out any promise of usefulness in medicine is its extreme bitterness. A quarter of a grain taken by the mouth, causes an uncommon sense of tonicity in the abdomen, and does not produce the same fulness and aching of the head as quinia, which does not possess nearly the same degree of bitterness.

Art. XVII. *Observations upon the Action of Ipecacuanha and its Alkaloid Emetia*, by DYCE DUCKWORTH, M. D., Edin. Dr. D. was induced to prosecute some inquiries as to the properties of emetia, in consequence of the difficulty frequently experienced in procuring the action of emetics in young children, when administered by the mouth. The alkaloid has been little used by physiologists or therapeutists, and is an amorphous substance, devoid of odour, and having the colour of scammony powder, and a bitter taste, which most resembles that of opium or gentian. It is almost insoluble in cold water, but is soluble in hot water, and freely so in alcohol and the acids. Four to six ounces may be obtained from 100 pounds of the ordinary root. The test is the tincture of nutgalls, which throws down a dense precipitate from a solution of this substance; a tannate of the alkaloid, according to Pereira, being formed. The tincture of nutgalls is also an antidote to emetia, and will prevent its action if administered at the same time, and may be used to detect its presence in the urine of animals poisoned by it. Some of the results of Dr. Duckworth's experiments are at variance with those of Dr. Pécholier, for he tells us that the respirations became more frequent, and the cardiac action not less frequent than in health. In his experiments there was always found more or less engorgement of the lungs, and in some cases even lobular pneumonia, and more or less congestion of the gastro-intestinal tract, and chilliness of the surface. From these and other circumstances the experimenter was induced to believe that ipecac. has some special action upon the vagus, and that is probably of the nature of an exhausting stimulus. And this view is corroborated by the fact that similar conditions are produced by the section of the nerve. No noteworthy changes in the brain have been observed. In most of the cases of poisoning from this substance the urine contained albumen.

Art. XIX. *What becomes of the Medical Students*, by JAMES PAGET, F. R. S. Mr. Abernethy is said to have exclaimed on one occasion on entering his lecture-room and seeing it crowded with students, "God help you all! What will become of you?" The present communication is an answer to this question, by Mr. Paget, who tells us what became of a thousand of his pupils, within fifteen years of their entrance at St. Bartholomew's Hospital. Of the thousand 23 achieved distinguished success, 66 achieved considerable success, 507 achieved fair success, 124 achieved very limited success, 56 failed entirely, 96 left the profession, 87 died within 12 years of commencing practice, 41 died during pupilage. Among those who are considered to have achieved distinguished success are the present Professors of Anatomy at Oxford, Cambridge, and Edinburgh. Ninety-six, or nearly 10 per cent. of the whole number left the profession after beginning either its study or its practice. To place against this, there were only seven who came to the profession from other pursuits of life, and of these five again changed their mind and never engaged in practice. Of the whole number nearly 13 per cent. were dead within fifteen years. This proportion, we are told, agrees so nearly with the general average mortality, that it gives no reason for considering the medical profession either less or more healthy than other pursuits, at least in its earlier stages, for according to the English Life Table, No. 3, out of any 1000 males, who have attained the age of 19 years, 131 will die within 15 years.

In conclusion, Mr. Paget says: "In remembering those with whom I was year after year associated, and whom it was my duty to study, nothing appears more certain than that the personal character, the very nature, the will, of each student had far greater force in determining his career than any helps or hindrances whatever. All my recollections would lead me to tell that every student may draw from his daily life a very likely forecast of his life in practice, for it will depend upon himself a hundred-fold more than on circumstances. The time and the place, the work to be done, and its responsibilities, will change; but the man will be the same, except in so far as he may change himself."

J. H. H.

Art. XXIV.—*A Text-Book of Practical Medicine with Particular Reference to Physiology and Pathological Anatomy.* By Dr. Felix von Niemeyer, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tubingen. Translated from the Seventh German Edition by special permission of the Author, by George H. Humphreys, M.D., etc. etc., and Charles E. Hackley, M.D., etc. etc. Vol. I., pp. xv.–731. Vol. II., pp. viii.–770. New York: D. Appleton & Co., 1869.

So many excellent text-books on the Practice of Medicine are at present within the reach of the American medical student, that the task which the translators of Dr. Niemeyer's work have imposed upon themselves may seem to many an unnecessary one. A more intimate acquaintance with the book will convince most physicians that this conclusion is a hasty one, and we agree with the opinion expressed in the preface to the American edition that its perusal will be attended with pleasure and profit. Familiar, as we have been for some time with an earlier edition, we were ourselves fully prepared to give the translation a favourable reception, and from its general excellence we are disposed to think that it will soon take its place among recognized text-books. We do not mean by this that the works of Dr. Wood, Dr. Watson, or Dr. Aitken are in any danger of being superseded, for all of these have so many points of excellence, that a long time must elapse before they will cease to be valued either by the student or his teacher, but we think that it is probable that it will take equal rank with them.

One advantage which these volumes have, is that they render us familiar with German methods of practice. Although a knowledge of the pathology of Rokitansky, Virchow, and others is tolerably freely diffused throughout the medical community of this country, there are many, even among those of us who read the language, to whom the therapeutics of the Germans are entirely unknown, and a work of this kind will therefore be welcome, presenting, as the translator's preface tells us it does, "a concise and well-digested epitome of the results of ten years of carefully recorded clinical observation by the most illustrious medical authorities of Europe, together with many valuable and practical deductions regarding the causes of disease and the application of remedies, such as we believe have not yet been assembled in any single work."

Unlike the different works on Practice mentioned above, this one contains no introductory remarks on the subjects of general pathology, etiology of disease, general therapeutics and diagnosis, but we are at once introduced to the subject of special pathology—the first chapter being devoted to hyperæmia or catarrh of the larynx. The former arrangement has the advantage of preventing a good deal of repetition, but, on the other hand, there are many students